FACSIMILE TRANSMITTAL SHEET

Total number of pages including cover letter:	3
---	---

To: Examiner F. Stinson

Date: Facsimile No.:

January 4, 2006

U.S. Patent and Trademark Office

571-273-1308

Telephone No.:

571-272-1308

From: Leta M. Howard

Serial No.:

10/633,069

Client/matter number:

2269-3375.9US

Group Art Unit:

1746

Message/Comments:

Terminal Disclaimer

Faxed by:	uta	Date: 14104	Time: <u>K:35</u>	_
-----------	-----	-------------	-------------------	---

If you do not receive the complete document, please call (801) 532-1922 as soon as possible



230 South 500 East, Suite 300 Salt Lake City, Utah 84102

P.O. Box 2550 Salt Lake City, Ulab 84110



CONFIDENTIALITY NOTE: The documents accompanying this facsimile transmission contain information from the law firm of TRASKBRITT, which is confidential and/or legally privileged. The information is intended only for the use of the individual or entity named in this transmission sheet above. If you are not the intended recipient, you are hereby notified that any disclosures, copying, distribution or the taking of any action in reliance on the contents of this facsimile information is strictly prohibited, and that the documents should be returned to this firm immediately. In this regard, if you have received this facsimile transmission in error, please notify us by telephone immediately so that we can arrange for the return of the documents to us at no cost to you.



Please type a plus sig Under the Paperwork F			U n of beniups	S. Petent and Trademark	Office: U.S.	PTO/SB/21 (08-00) ugh 10/31/2002. OMB 0551-0031 DEPARTMENT OF COMMERCE displays a valid OMB control number.
		•	Applica	ation Number	10/633,06	39
TRANSMITTAL			Filing	Date	August 1.	2003
F	ORM		First N	amed Inventor	Donald L.	Yates
(to be used for all cor	rrespondence after ir	nitial filing)	Group	Art Unit	1746	
			Exami	ner Name	F. Stinson	1
			Attorno	ey Docket Number	2269-337	5.9US (95-0999.08/US)
	<u>,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	ENCL	OSURES	(check all that apply)		
Postcard receipt acknowledgment (attached to the front of this transmittal)		☐ Information Disclosure Statement, PTO/SB/08A (08-00); ☐ copy of cited references		Teminal Disdalmer, the commisioner is authorized to charge the terminal disclaimer fee from the deposit account listed below		
Duplicate copy of this transmittal sheet in the event that additional filing fees are required under 37 C.F.R. § 1.16		Supplemental Information Disclosure Statement, PTO/SB/08A (08-00); copy of cited references and Check No. in the amount of \$180.00		Termir	aal Disclaimer	
Preliminary Amer	ndment	Associate Power of Attorney			Termin	nal Disclaimer
Response to Restriction Requirement/Election of Species Requirement dated		Petition for Extension of Time and Check No. in the amount of \$				
Amendment in response to office action dated		Pelition				
Amendment under 37 C.F.R. § 1.116 in response to final office action dated		Fee Transmittal Form			Enclosure(s) Identify below):	
Additional claims fee - Check No. in the amount of \$		☐ Certified Copy of Priority Document(s) ☐ Assignment Papers (for an Application)				
Letter to Chief Draftsman and copy of FiGS. With changes made in red						
Transmittal of Formal Drawings Ren		Rema	rks			
L. Formal Drawings (sheets) submitt		submitted	Commissioner is authorized to charge any additional fees required but not imitted with any document or request requiring fee payment under 37 C.F.R. §§ 3 and 1.17 to Deposit Account 20-1469 during pendency of this application.			
	SIGNA	TURE OF	APPLIC	ANT, ATTORNEY, O	R AGENT	
Firm or Individual name	James R. Duzan		Registration No. 28,393			
Signature	James R. Dung					
Date	Date December 16, 2005					
	···	CERTI	FICATE	OF TRANSMISSION		
I hereby certify that th	nls correspondence is	s being emai	led to the	frankie.stinson@uspto.	gov on the d	ate shown below.
Typed or printed nam	e Leta M. Howa	ırd				
Signature flowers					Date	December 16, 2005

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be send to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTC/SB/26 (10-00) Approved for use through 10/31/2002. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Papenwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TERMINAL DISCLAIMER TO OBVIATE A DOUBLE PATENTING REJECTION OVER A PRIOR PATENT

Docket Number (Optional) 2269-3375.9US (95-0999.08/US)

In re Application of: Donald L. Yates
Application No.: 10/633,069
Filed: August 1, 2003

Far: METHOD OF REDUCING WATER SPOTTING AND OXIDE GROWTH ON A SEMICONDUCTOR STRUCTURE

The owner*, Micron Technology, Inc., of 100 percent interest in the instant application hereby disclaims, except as provided below, the terminal part of the statutory term of any patent granted on the instant application, which would extend beyond the expiration date of the full statutory term defined in 35 U.S.C. 154 to 156 and 173, as presently shortened by any terminal disclaimer, of prior Patent No. 6.601.595. The owner hereby agrees that any patent so granted on the instant application shall be enforceable only for and during such period that it and the prior patent are commonly owned. This agreement runs with any patent granted on the instant application and is binding upon the grantee, its successors or assigns.

In making the above disclaimer, the owner does not disclaim the terminal part of any patent granted on the instant application that would extend to the expiration date of the full statutory term as defined in 35 U.S.C. 154 to 156 and 173 of the prior patent, as presently shortened by any terminal disclaimer, in the event that it later; expiras for fallure to pay a maintenance fee, is held unenforceable, is found invalid by a court of competent jurisdiction, is statutorily disclaimed in whole or terminally disclaimed under 37 CFR 1.321, has all claims cancelled by a reexamination certificate, is reissued, or is in any manner terminated prior to the expiration of its full statutory term as presently shortened by any terminal disclaimer.

Check either box 1 or 2 below, if appropriate.

1. 🔲	For submissions on behalf of an organization (e.g., corporation, partnership, university, government agency,
	etc.), the undersigned is empowered to act on behalf of the organization.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

2. The undersigned is an attorney of record.

Signature Signature

12/16/05

Date

James R. Duzan

Typed or printed name Reg. No. 28,393

☐ Terminal disclaimer fee under 37 CFR 1.20(d) Is included.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

*Certification under 37 CFR 3.73(b) is required if terminal disclaimer is signed by the assignee (owner). Form PTO/SB/96 may be used for making this certification. See MPEP § 324.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patient and Trademark Officer, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.